

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93e

10338

CERTIFICATE OF DEATH

Reg. Diat. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 75 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George W. Brown

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Willie Brown
 7. Birth date of deceased (mo., day, yr.) Feb 11 1858
 8. AGE: Years 89 Months 9 Days _____ If less than one day _____ hrs. _____ min. _____
 6. (c) If alive, give age _____ years

9. Birthplace Somerset County
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Frank Brown13. Birthplace Ind14. Maiden name Sarah Rose15. Birthplace Somerset Co16. Informant Mrs. Willie BrownAddress Princess Anne17. (Burial, cremation, or removal, which?) Date thereof Dec 13-1947
(month) (day) (year)Cemetery or crematory MonokenLocation Princess Anne18. Funeral director R. M. SmithAddress Princess Anne19. " / " 19 47 R. J. Johnson M.D.
(Date rec'd by registrar) 72. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 10th 19 47, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Myocarditis Acute Nephritis DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 5 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

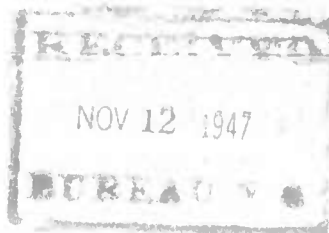
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. M. Smith M. D. or other _____Address Princess Anne signed 11/11-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

10339

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Marion Station
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Cora Cannon

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Samuel J. Cannon
 6. (c) If alive, give age 35 years
 7. Birth date of deceased (mo., day, yr.) NC 1890

8. AGE: Years 57 Months 7 Days 5 If less than one day
 hrs. min.

9. Birthplace Henderson, N.C.
 (Town, county, and state)

10. Usual occupation General house wife

11. Industry or business.....

12. Name Edward C. Heatham

13. Birthplace Henderson N.C.

14. Maiden name unknown

15. Birthplace Henderson N.C.

16. Informant Samuel J. Cannon

Address Marion, Md.

17. Burial Date thereof November 23, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location Branch Cemetery

18. Funeral director Geo. W. Tilghman

Address Marion Station Md.

19. Nov. 21, 1947 Nellie Dryden
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1947 at 10:47 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1947, to Nov. 19, 1947
 and that I last saw her alive on Nov. 15, 1947

Immediate cause of death Cerebral vascular

Due to Chronic cutaneous 2 years

Due to Generalized Sclerosis years

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. C. Heatham, M.D. M. D. or other

Address Marion Station Date signed Nov. 21, 1947

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

CITY

DATE OF BIRTH

CITY

DATE OF DEATH

CITY

CAUSE OF DEATH

RECEIVED
NOV 25 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

10340

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Wm. Cready Memorial HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Murumasco
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
 (If rural, give LOCATION)

2. (a) If veteran, name war ✓

3. (a) FULL NAME

James C. Carver

3. (b) Social Security Number

✓4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Elizabeth Carver6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) September 7, 18658. AGE: Years 82 Months 1 Days 28 If less than one day hrs. min.9. Birthplace Murumasco Somerset, Md.
(Town, county, and state)10. Usual occupation Merchant11. Industry or business Merchant12. Name Pete Carver13. Birthplace Maryland14. Maiden name Elizabeth Matthews15. Birthplace Maryland16. Informant Elizabeth CarverAddress Murumasco, Maryland17. Burial Date thereof Nov. 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rehobeth Baptist Chrch.Location Rehobeth, Maryland18. Funeral director Henry S. W. WatsonAddress Pocomoke Md.19. Nov. 8, 47 Nellie Dwyler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1947 at 3:15 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1947 to November 7, 1947and that I last saw him alive on Nov. 7, 1947Immediate cause of death Acute DehydrationDURATION 3 daysDue to Chronic DehydrationDue to Chronic DehydrationOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels CerebrumOther conditions Bochels Cerebrum

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 13 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

10341

1. PLACE OF DEATH: Somerset
 County.....Crisfield
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 7 N. First St.
 How long in hospital or institution? Died at home

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland.....County.....Somerset
 City or town.....Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....7 N. First St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 HENRY FRANCIS COLLINS

3. (b) Social Security Number

4. Sex Male
 5. Color or race White
 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mannie Collins
 6.(c) If alive, give age 65 years
 7. Birth date of deceased (mo., day, yr.) June 9, 1878
 8. AGE: Years 69 Months 5 Days 9
 If less than one dayhrs.min.

9. Birthplace.....Fairmount-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation.....Waterman
 11. Industry or business Seafood
 12. Name James Collins
 13. Birthplace Unknown
 14. Maiden name Mollie Franklin
 15. Birthplace Unknown
 16. Informant Franklin Collins
 Address Crisfield, Maryland
 17. Burial Date thereof Nov 21, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Mem Park
 Location Hopewell, Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Nov. 20 19 47 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 19 47 at 7:55 P.M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 19 46 to November 19 47
 and that I last saw him alive on November 18 19 47

Immediate cause of death
 Congestive heart failure 2 weeks
 Atherosclerosis heart block 4 days
 Due to arthritis, hypertrophies 10 years
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)
 Major findings of operations none
 Date of op.....
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Mns of injury..... Injured at work?

23. SIGNATURE C. G. Rawley M.D.
 Address Crisfield, Md Date signed 11-20-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

9-43-15M

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1312

10342

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life time
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 320 Main St
(If rural, give LOCATION)
2. (a) If veteran, name World War One

3. (a) FULL NAME

Bessie Caroline Boulbourn

3. (b) Social Security Number

Sex Female Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) 17 July 1884
6. (c) If alive, give age 63 years

8. AGE: Years 63 Months 4 Days 11 If less than one day ✓ hrs. ✓ min.

9. Birthplace 320 Main St. Crisfield, Md
(Town, county, and state)

10. Usual occupation House Keeper

11. Industry or business

12. Father Isaac Henry R. Boulbourn

13. Mother Marion Station Md

14. Maiden name Jane Estelle Roach

15. Informant R. E. Hopewell Station Md

16. Informant address E. Henrietta Boulbourn

17. Burial 320 Main St. Crisfield Md

(Burial, cremation, or removal. Which?) Date thereof Dec. 1, 1947
(month) (day) (year)

Cemetery or crematory St. Peters Cemetery

Location RURAL, Crisfield, Md

18. Funeral director H. Harvey Bradshaw

Address Crisfield Md

19. Dec. 4 1947 Janice E. Spina
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1947 2580 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22, 1947, to November 28, 1947
and that I last saw her alive on November 28, 1947

Immediate cause of death Dyspnoea. Bronchitis

Due to Coronary occlusion
acute Dec 3rd

Due to Chronic myopathy: Chronic Inf
Other conditions myocarditis

(Include pregnancy within 8 months of death)

Major findings of operations none
Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of no

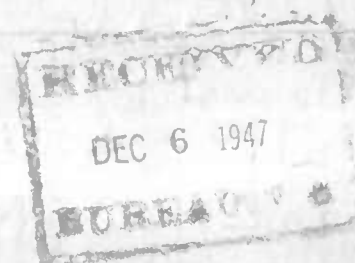
Where did injury occur? none
(City or town) (County) (State)

Injured at home, farm, industry, public place (where) died of

Means of injury Natural Cause

23. SIGNATURE Genie Boulbourn
M. D. or other

Address Merion St Md Date signed Nov 28, 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1900

10343

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Eden
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Eden
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war. _____

3. (a) FULL NAME

Secrean Cat

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec 15 1902

8.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

44

11

13

hrs.

min.

9. Birthplace

Allen, Wicomico Co. Md
(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Funeral director

19. (Time rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on _____

Immediate cause of death

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28, 1947 at 7:05 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on _____

Immediate cause of death Internal hemorrhage

Due to shock due to laceration of

Due to supraorbital region, laceration

Due to of neck + lower right jaw

Due to clashed chest fracture black

Due to right + left leg

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident

Where did injury occur? Eden Somerset Maryland

Injured at home, farm, industry, public place (where?) Public crossing

Means of injury Brain truck truck

Signature Gus Blachman M.D.

Address Marion, Md

Date signed 11/29/47

19. 11/30/47 R. J. Paxon, M.D. Registrar

(Time rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on _____

Immediate cause of death

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The completed page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

10344

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
822 W. Main St.
 How long in hospital or institution? |||||

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 822 W. Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war |||||

3. (a) FULL NAME

Ruby Lee Culbertson

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Albert Culbertson</u>			
7. Birth date of deceased (mo., day, yr.) <u>December 2, 1910</u>			
6. (c) If alive, give age <u>45</u> years			
8. AGE: Years <u>37</u>	Months <u>10</u>	Days <u>8</u>	If less than one dayhrs.min.
9. Birthplace <u>Rehoboth-Somerset-Md.</u> (Town, county, and state)			
10. Usual occupation <u>Housewife</u>			
11. Industry or business <u>Home</u>			
FATHER	12. Name <u>John Collins</u>		
	13. Birthplace <u>Saxis Island, Va.</u>		
MOTHER	14. Maiden name <u>Sallie Powell</u>		
	15. Birthplace <u>Rehoboth, Md.</u>		
16. Informant <u>Albert Culbertson</u> Address <u>Crisfield, Md.</u>			
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>Nov 12, 1947</u> (month) (day) (year) Cemetery or crematory <u>Mariners Cemetery</u> Location <u>Rural, Crisfield, Md.</u>			
18. Funeral director <u>H. Harvey Bradshaw</u> Address <u>Crisfield, Md.</u>			
19. <u>11/15</u> <u>47</u> <u>Janice E. Spina</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1947
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1947 to Nov 9 1947
 and that I last saw him alive on Nov 9-1947
 Immediate cause of death
Acute Cardiac Distention
Carcinoma of Breast metastases
of Liver & Lungs
& Abdominal Organs
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —
 23. SIGNATURE Wm. H. Culbertson M.D.
Crisfield, Md. 11-11-47
 Address — M. D. or other —

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NOV 17 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

10345

CERTIFICATE OF DEATH

Reg. Diat. No. 260

1. PLACE OF DEATH:

County... Somerset
 City or town... Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind County... Somerset
 City or town... Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John T Bustice

3. (b) Social Security Number

4. Sex... Male 5. Color or race... C 6. (a) Single, married, widowed, or divorced... Married

6. (b) Name of husband or wife... Edith M Bustice

B. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)... 1881 June 12

8. AGE: Years... 66 Months... 5 Days... 15 If less than one day... hrs. min.

9. Birthplace... Pacomake, Worcester Co, Md (Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

12. Name... John T Bustice

13. Birthplace... Pacomake City, Worcester Co, Md

14. Maiden name... Annie M. Smith

15. Birthplace... Pacomake City, Worcester Co, Md

16. Informant... Edith M Bustice

Address... Upper Hill, Md.

17. (Burial, cremation, or removal. Which?)... Burial Date thereof... Nov 30, 1947 (month) (day) (year)

Cemetery or crematory... Upper Hill

Location... Upper Hill, Md.

18. Funeral director... Charles H Wood

Address... Madison, Ind

19. (Date recd by registrar) 11/30/47 47 R. J. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Nov. 27 1947 at 9:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1, 1947, to Nov 25, 1947.

and that I last saw him alive on Nov 25, 1947.

Immediate cause of death... carcinoma

of L. W. DURATION 6 months

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

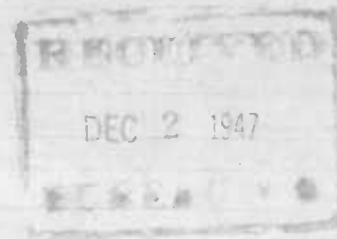
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Frank L. Huter M.D. or other

Address... 11/28/47 Date signed...



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10346

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County Somerset
 City or town Upper Fairmount
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Slay in hospital or inst. (yrs., or mos., or days)

Slay in this community (yrs., or mos., or days) all of Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Upper Fairmount Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)

Street No.
 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Sarah E. Ford

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1863

8. AGE: Years 84 Months 6 Days 1 If less than one day
 hrs. min.

9. Birthplace Upper Fairmount, Somerset Co, MD
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Mrs. F. Ford13. Birthplace Maryland14. Maiden name Harriet E. Muir15. Birthplace Somerset Co, MD16. Informant Mrs. Melissa FordAddress Upper Fairmount, MD17. Burial Date thereof Nov. 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Muir'sLocation Upper Fairmount, MD18. Funeral director Harry B. MilesAddress Upper Fairmount, MD19. 11/12/47 R. H. Johnson, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10th 1947 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1947 to Nov 10th 1947
 and that I last saw him alive on Nov 10th 1947

Immediate cause of death Carcinoma Pancreas

DURATION

Due to PrivateDue to 8 monthsOther conditions congenitally

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Muley M. D. or otherAddress Princess Anne, Md. Date signed

MARGIN RESERVED FOR BINDING

VSA15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

RECEIVED
NOV 13 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

10347

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County... Somerset
 City or town... Chance
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Somerset
 City or town... Chance
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Flora Jones

3. (b) Social Security Number

4. Sex Female 5. Color or race C 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Columbus Jones

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) aug 6 18988. AGE: Years 49 Months 3 Days 11 If less than one day _____ hrs. _____ min.9. Birthplace Greenville agecomb co, N.C.
(Town, county, and state)10. Usual occupation House work

11. Industry or business

12. Name Louis Cherry13. Birthplace Greenville agecomb co, N.C.14. Maiden name Jane Chance15. Birthplace Greenville agecomb co, N.C.16. Informant Elmer JohnsonAddress Chance MD17. Burial Date thereof Nov 19 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St CharlesLocation Chance MD18. Funeral director Charles H WardAddress Marion19. 11/17 47 L.S. Johnson, M.D.
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 19 47 at 89 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 19 47 to Nov 10 19 47 and that I last saw him alive on Nov 10 19 47Immediate cause of death Carcinoma of Liver

DURATION

limited
months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

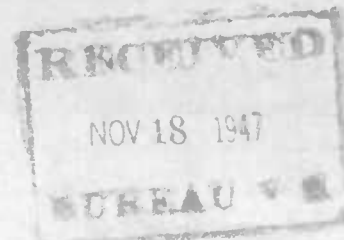
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Frank Madus MD M. D. or otherAddress Chance Date signed 11/17/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

10348

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Westover
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
at home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Westover
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Benjamin Lankford

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Mary Lankford
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov 15, 1873
 8. AGE: Years 74 Months 0 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Somerset co. Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Perry Lankford
 13. Birthplace Somerset co. Md
 14. Maiden name Alice Coulbourn
 15. Birthplace Somerset co. Md
 16. Informant Mrs C W. Ford Sr.
 Address Westover Maryland
 17. Burial Date thereof Dec 1 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St Andrew Cemetery
 Location Princess Anne Md
 18. Funeral director Wilson Funeral Home
 Address Princess Anne Md
 19. 12/1/47 R. F. Johnson M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29, 1947, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death

Natural Causes
Coronary occlusion

Due to Acute Myocardial Infarction

Due to Chronic Ischemic Heart Disease
Chronic myocardial infarction

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

_____ Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Guy C Coulbourn M.D.
Acting Deputy Medical Examiner
 Address Maryland Md Date signed 11/29/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED
DEC 4 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:

County Somerset
 City or town Cockeysburg - near Pocomoke City, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa CountyCity or town Cuthbert
 (If outside city or town limits, write RURAL and give nearest town)Street No. 1
 (If rural, give LOCATION)2. (a) If veteran, name war ✓

3. (a) FULL NAME

Willie C. Melvin

3. (b) Social Security Number

4. Sex M 5. Color or race C. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) unknown8. AGE: Years 28 Months Days If less than one day
 hrs. min.9. Birthplace Cuthbert Ga.
 (Town, county, and state)10. Usual occupation labor

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant Attorney, Branson
Pocomoke City Md. P.R. Cockeysburg17. Burial Removal Nov. 26, 1946
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location Cuthbert Ga.19. Funeral director Shirley S. WatsonAddress Pocomoke Md.19. Nov 26 19 47 Mrs Clayton Harris
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 19 47 at 3:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 47 11/22/47 19 47and that I last saw him alive on 11/22/47 19 47

Immediate cause of death

Bullet wounds in chest
abdomen neckDue to Patrol shots

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 11/22/47Where did injury occur? Cockeysburg Somerset Md
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoMeans of Injury Revolver Injured at work? No23. SIGNATURE N. E. Gatorius Md.Address Pocomoke City Md Date signed 11/23/47

RECEIVED
NOV 29 1947
STENOGRAPH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10350

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 55 years
Hospital, institution, or street address where death occurred:
335 Chesapeake Ave.
How long in hospital or institution? |||||

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 335 Chesapeake Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war |||||

3. (a) FULL NAME

HARRY PARKS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Dollie Maddrix
7. Birth date of deceased (mo., day, yr.) March 24, 1881
6. (c) If alive, give age 62 years
8. AGE: Years 66 Months 7 Days 26 If less than one day
..... hrs. min.

9. Birthplace Fairmount-Somerset-Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Seafood
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Kathryn Parks
15. Birthplace Fairmount, Md.
16. Informant John W. Parks
Address Crisfield, Md.
17. (Burial, cremation, or removal, Which?) Date thereof Nov 23, 1947
(month) (day) (year)
Cemetery or crematory Sunny Ridge Mem Park
Location Hopewell, Crisfield, Md.
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland
19. 11/24 47 Janice E. Spire
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1947 at 7:35 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6, 1947 to Nov. 20, 1947
and that I last saw him alive on Nov. 20, 1947
Immediate cause of death Coronary occlusion
DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Charles P. Schwartz
M. D. or other
Address Crisfield Md Date signed Nov. 24/47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 28 1947

ST. LOUIS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10351

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Arson J. Stening

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ruth G.

7. Birth date of

deceased (mo., day, yr.)

August 26, 1887

6. (c) If alive, give age

48 years

8. AGE:

Years

60

Months

2

Days

21

If less than one day

hrs.min.

9. Birthplace

Crisfield

(Town, county, and state)

10. Usual occupation

Miner

11. Industry or business

Retired

FATHER

12. Name

Louise Stening

13. Birthplace

MD

MOTHER

14. Maiden name

Mary Hurdley

15. Birthplace

DC

16. Informant

Ruth J. Stening

Address

Crisfield MD

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov 18/47
(month) (day) (year)

Cemetery or crematory

Spring Ridge

Location

Crisfield

18. Funeral director

W. H. H. & Son

Address

Crisfield MD

19.

(Date rec'd by registrar)

11/17/47Janice Spire

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MD

County

Somerset

City or town

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Main St

(If rural, give LOCATION)

2. (a) If veteran, name war

World War I

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 19 47 at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October19 46to Nov 16 19 47

and that I last saw him alive on

Nov 1619 47

Immediate cause of death

Acute dilatation of heart
Cardiac decompensation

DURATION

2 wks.

Due to

Due to

Paralysis agitans20 yrs.

Other conditions

Malnutrition3 mo.

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. G. Rawley M.D.

M.D. or other

Address

CrisfieldDate signed 11/17/47

RECEIVED

NOV 20 1947

MDR+K

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10352

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH: Somerset
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death.....
 Hospital, institution, or street address where death occurred:
 McCready Mem. Hospital
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Jacksonville Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 John David Swift

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Leona Parkinson
 7. Birth date of deceased (mo., day, yr.) December 14, 1901
 6. (c) If alive, give age 39 years
 8. AGE: Years 46 Months 10 Days 24 If less than one day hrs. min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Waterman-Farmer
 11. Industry or business Seafood
 12. Name Charlie Swift
 13. Birthplace Somerset Co., Md.
 14. Maiden name Polly Diggs
 15. Birthplace Somerset Co., Md.

16. Informant Mrs. Rita Wilson
 Address Crisfield, Md.
 17. (Burial, cremation, or removal. Which?) Burial Date thereof Nov 10, 1947
 (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cemetery
 Location Hopewell, Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. nov. 9th 47 1947
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1947, at 7:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25, 1947, to Nov 8, 1947, and that I last saw him alive on Nov 7, 1947.

Immediate cause of death Coronary occlusion
 Due to Anterior Schistosomiasis
 or Coronary Artery
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Mary E. Orellana M.D.
 Address Manassas, Md. Date signed Nov 9-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 17 1947

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10353

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County.....
City or town..... On boat nr Ewell, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Few hours
Hospital, institution, or street address where death occurred:
Aboard boat
How long in hospital or institution? / / / /

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland..... County..... Somerset.....
City or town..... Ewell, Smith Island.....
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Rural.....
(If rural, give LOCATION)
2.(a) If veteran, name war..... / / / /

3. (a) FULL NAME
John Thomas Tyler

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Minerva Evans Tyler

7. Birth date of deceased (mo., day, yr.) January 26, 1880
6. (c) If alive, give age 62 years

8. AGE: Years 67 Months 9 Days 9
If less than one day hrs. min.

9. Birthplace Fairmount, Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Fish-Oysters

12. Name John Thomas Tyler

13. Birthplace Fairmount, Maryland

14. Maiden name Eliza Thomas

15. Birthplace Tilghman Island, Md.

16. Informant Mrs. Minerva Tyler

Address Ewell, Maryland

17. Burial, cremation, or removal. Which? Burial Date thereof Nov 9, 1947
(month) (day) (year)

Cemetery or crematory Ewell Methodist Cem.

Location Ewell, Smith Island, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Nov 11 1947 Janice E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1947 at 11:58 A.M.

21. I CERTIFY that death occurred on the date above stated that I attended deceased from
was dead when I
and that I last saw alive on
was killed
Immediate cause of death Coronary
Dilatation
DURATION

Due to Thrombosis

Due to Natural Cause

Other conditions William H. Coulbourn, M. D.
(Include pregnancy within 3 months of death)

Major findings of operations DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William H. Coulbourn
Crisfield Md Date signed 11-8-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 13 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Ewell
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Ewell
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war First World War

3. (a) FULL NAME

Lacy West Tyler

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) January 6, 1890
 8. AGE: Years 57 Months 10 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Ewell-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood industry

12. Name Lacy Tyler

13. Birthplace Smith Island, Maryland

14. Maiden name Mary Jones

15. Birthplace Smith Island, Maryland

16. Informant Mrs. Ida Tyler Bardshaw

Address Ewell, Maryland

17. Burial Date thereof Nov. 30, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ewell Cemetery

Location Ewell, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Dec. 4 47 Janice E. Spino
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 47 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 47 at 1 P M

and that I last saw him on Nov 27 47 at 1 P M

Immediate cause of death was as follows DURATION _____

Coronary

occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mean of injury _____ Injured at work? _____

23. SIGNATURE William H. Coulbourn M.D. or _____

Crisfield Md Nov 29/47

Address _____

RECEIVED
DEC 6 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

528

10355

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
231 N. Somerset Ave.
 How long in hospital or institution? ///////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 231 N. Somerset Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war ///////

3. (a) FULL NAME

Sarah Ann Walters

3. (b) Social Security Number

/////////

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife William James Walters
Deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 13, 1876
 8. AGE: Years 71 Months 9 Days 13 It less than one day _____ hrs. _____ min.

9. Birthplace Bloodsworth-Dorchester-Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Holiday

13. Birthplace Unknown

14. Maiden name Mary Bloodsworth

15. Birthplace Dorchester Co., Md.

16. Informant Matthew Walters

Address Crisfield, Md.

17. Burial, cremation, or removal, Which? Burial Date thereof Nov 28, 1947
 (month) (day) (year)

Cemetery or crematory Onancock Cemetery

Location Onancock, Virginia

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 11/28/47 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 19 47 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 26 19 47, to Nov 26 19 47

and that I last saw him alive on Nov. 26 19 47

Immediate cause of death Uremia

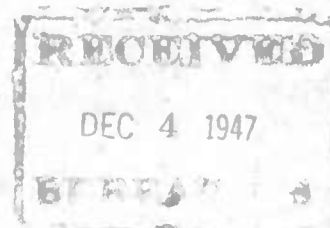
Due to Carcinoma of bladder DURATION 10 yrs?

This patient was under the care of another physician who was out of town when death occurred. Being the last physician to see the patient, the death certificate is therefore my responsibility. My diagnosis as to the immediate cause of death was made on the same day that patient died.

Cl Raulley M.D.

23. SIGNATURE C. S. Raulley M.D. M.D. or other

Address Crisfield, Md Date signed 11/28



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10356

Reg. Dist. No.

265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Burfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 67 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Ind County..... Somerset
 City or town..... Burfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R.F.D.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Sarah Olivia Ward

3. (b) Social Security Number

4. Sex..... Fem 5. Color or race..... C 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... Benjamin T Ward

7. Birth date of deceased (mo., day, yr.)..... Dec 4-1879 8.(c) If alive, give age..... years

8. AGE: Years..... 67 Months..... 11 Days..... 20 If less than one day..... hrs. min.

9. Birthplace..... Hopewell Somerset Co Ind
 (Town, county, and state)

10. Usual occupation..... seaford work

11. Industry or business

12. Name..... Robert Holland

13. Birthplace..... Hopewell Somerset Co Ind

14. Maiden name..... Melkie Ward

15. Birthplace..... Hopewell Somerset Co Ind

16. Informant..... E.T. Ward

Address..... Burfield Ind R.F.D.

17. (Burial, cremation, or removal. Which?)..... burial Date thereof..... Nov 28-1947
 (month) (day) (year)

Cemetery or crematory..... Hopewell

Location..... Burfield Ind R.F.D.

18. Funeral director..... Chas H Ward

Address..... Marion Ind

19. Nov. 28th 47 19..... William H. Coulbourn Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 24 1947 at..... 2 P M

I CERTIFY that death occurred on the date above stated; that I attended deceased from
she was dead when I arrived
 and that I last saw..... her 12 days
 Immediate cause of death..... Coronary occlusion

Due to..... Natural Cause

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... William H. Coulbourn M.D.

Autopsy results..... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.
FOR SOMERSET COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... no Date of injury.....

Where did injury occur?..... Natural Cause
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... W.H. Coulbourn Injured at work?

23. SIGNATURE..... W.H. Coulbourn

Address..... Burfield Ind M.D. Coulbourn

Date signed..... Nov 25/47

RECEIVED

DEC 4 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10357 260
Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
City or town Manokin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State MD County Somerset
City or town Manokin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

John A Wilson
4. Sex Male 5. Color or race Cal 6.(a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

6.(b) Name of husband or wife Rosa Wilson
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 10-1891

8. AGE: Years 56 Months 3 Days 23 if less than one day
hrs. min.

9. Birthplace Manokin Somerset Co MD
(Town, county, and state)

10. Usual occupation Porter

11. Industry or business

12. Name Lambert J. Wilson

13. Birthplace Manokin Somerset Co

14. Maiden name Mary H. Turpin

15. Birthplace Manokin Somerset Co

16. Informant Maud S Jones

Address Drumgaster, Somerset Co MD

17. Burial Date thereof Nov 9-1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Samuel Wesley Cemetery

Location Manokin MD

18. Funeral director Charles H Ward

Address Marion R. Ford

19. 11/4 47 R. J. Johnson M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1947 at 12:00-9

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1947 to Oct 21 1947
and that I last saw him alive on Oct 21 1947

Immediate cause of death Cerebral Thrombosis

Due to Hypertension and end arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Stuehr M. D. or other
Address Princeton Anne Date signed 11/4/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

